

PRINTED: 04/01/2011
FORM APPROVED

454 5/15/11

Division of Health Care Facilities					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1604		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	
				(X3) DATE SURVEY COMPLETED 03/31/2011	
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments An annual licensure survey and complaint investigation #'s 27281 and 27752 were completed on March 29-31, 2011, at Manchester Health Care Center. No deficiencies were cited related to complaint investigation #'s 27281 and 27752 under 1200-8-6, Standards for Nursing Homes.	N 000	This Plan of Correction affirms our allegation that Manchester Health Care is in substantial compliance with regulations and standards. This Plan of Correction has been respectfully developed as required for compliance with federal and state regulations.		
N 425	1200-8-6-.04(16) Administration (16)Each nursing home shall post whether they have liability insurance, the identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims. It shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height and displayed at the main public entrance. This Rule is not met as evidenced by: Based on observation and interview the facility failed to display information identifying their liability insurance in the main public entrance, as required. The findings included: Observation on March 31, 2011, at 11:29 a.m., of the facility public entrance did not reveal information in regards to their liability insurer. Interview on March 31, 2011, at 11:30 a.m., with the administrator, in the administrator's office, confirmed the information identifying the facility's liability insurance carrier was not displayed in the	N 425	N425 Corrective action by the facility Administrator included displaying information regarding the facility's liability insurance carrier in the front lobby. This occurred on April 5, 2011. All residents have the potential to be affected by this practice. The Social Service Director was inserviced by the facility Administrator on April 5, 2011 regarding this regulation, its importance, and the potential to affect residents. Regarding measures put into place to ensure others will not be affected by the practice; Department Managers were inserviced regarding the posting requirement of having the facility liability insurance carrier posted in the lobby on April 6, 2011 by the Administrator. As for monitoring to ensure identified practice does not recur, walking rounds will be completed by the Administrator Monday through Friday to ensure the liability information remains posted in the lobby.	4/6/11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

LYD711

TITLE

Administrator

(X6) DATE

4/12/11

If continuation sheet 1 of 3

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N 425	Continued From page 1 main public entrance, as required.	N 425			
N 430	1200-8-6-.04(21) Administration (21)All health care facilities licensed pursuant to T.C.A. §68-11-201, et. seq. shall post on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height the following in the main public entrance: (a) a statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance. This Rule is not met as evidenced by: Based on observation and interview the facility failed to post domestic violence statement and hotline contact information in the main public entrance, as required. The findings included: Observation on March 31, 2011, at 11:29 a.m., of the facility's main public entrance reveal domestic violence statement and hotline contact information not posted. Interview on March 31, 2011, at 11:30 a.m., with the administrator, in the administrator's office, confirmed the information for the domestic violence and hotline contact information was not displayed in the main public entrance, as required.	N 430	N430 Corrective action by the facility Administrator included displaying information regarding domestic violence in the front lobby. This occurred on April 5, 2011. All residents have the potential to be affected by this practice. The Social Service Director was inserviced by the facility Administrator on April 5, 2011 regarding this regulation, its importance, and the potential to affect residents. Regarding measures put into place to ensure others will not be affected by the practice; Department Managers were inserviced regarding the domestic violence posting requirement April 6, 2011 by the facility Administrator As for monitoring to ensure identified practice does not recur, walking rounds will be completed by the Administrator Monday through Friday to ensure the domestic violence information remains posted in the lobby.	4/6/11	

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N 505	Continued From page 2	N 505			
N 505	<p>1200-8-6-.05(3) Admissions, Discharges, and Transfers</p> <p>(3) Prior to the admission of a resident to a nursing home or prior to the execution of a contract for the care of a resident in a nursing home (whichever occurs first), each nursing home shall disclose in writing to the resident or to the resident's guardian, conservator or representative, if any, whether the facility has liability insurance and the identity of the primary insurance carrier. If the facility is self-insured, their statement shall reflect that fact and indicate the corporate entity responsible for payment of any claims.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to disclose information of the facility's liability insurance carrier in writing to residents prior to admission.</p> <p>The findings included:</p> <p>Record review of the facility's admission packet failed to reveal information of the facility's liability insurance carrier.</p> <p>Interview on March 31, 2011, at 11:30 a.m., with the administrator, in the administrator's office, confirmed the facility's liability insurance carrier was not disclosed to residents in writing prior to admission.</p>	N 505	<p>N505</p> <p>Corrective action by the facility Administrator included placing information regarding the facility liability insurance carrier in the Resident Admission Packet. This occurred on April 5, 2011.</p> <p>All new residents have the potential to be affected by this practice. The Admissions Director and Social Service Director was inserviced by the facility Administrator on April 5, 2011 regarding this regulation, its importance, and the potential to affect residents.</p> <p>Regarding measures put into place to ensure others will not be affected by the practice; Department Managers were inserviced regarding the requirement of having the facility liability insurance carrier posted in the resident admission packet on April 6, 2011 by the Administrator</p> <p>As for monitoring to ensure identified practice does not recur, random audits will be completed by the Administrator Monday through Friday to ensure the liability insurance carrier information remains in the admission packet.</p>	4/6/11	